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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/600,404
Filing Date	June 20, 2003
First Named Inventor	Vincent Chow et al.
Art Unit	3766
Examiner Name	Schaetzle, K
Attorney Docket Number	3614-171

To: Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney for the above identified application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client instructed us to transfer files to Vedder Price et al.

CHANGE OF CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to: Christopher P. Moreno
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Vedder, Price, Kaufman & Kammholz, P.C.				
Address	222 North LaSalle Street				
City	Chicago	State	IL	Zip	60601
Country	United States				
Telephone	(312) 609-7500		Fax	(312) 609-5005	
Signature					
Name	Vincent J. Gnoffo	Registration No.	44,714		
Date		Telephone No.	(312) 321-4200		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



JF

JAN 17 2006

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: Jan 17 2006 Name: Vincent J. Gnoffo, Reg. No. 44,714 Signature:

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Vincent Chow et al.

Appln. No.: 10/600,404

Examiner: Schaetzle, K

Filed: June 20, 2003

Art Unit: 3766

For: Multi-Phasic Microphotodiode Retinal
Implant and Adaptive Imaging Retinal
Stimulation System

Attorney Docket No: 3614/171

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- Transmittal Letter; Request for Withdrawl as Attorney or Agent and Change of Correspondence Address and
 Return Receipt Postcard

Fee calculation:

- No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$____ for a ____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$____ under 37 C.F.R. § 1.17(____).
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$	Total	\$	

Fee payment:

- A check in the amount of \$____ is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Date

Jan. 12, 2006

Respectfully submitted,

Vincent J. Gnoffo (Reg. No. 44,714)